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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/683880-Conf. #7888	
	<b>Filing Date</b>		October 9, 2003	
	<b>First Named Inventor</b>		Kun Ping LU	
	<b>Title</b>	PIN1 AS A MARKER FOR ABNORMAL CELL GROWTH		
	<b>Art Unit</b>	1642		
	<b>Examiner Name</b>	Not Yet Assigned		
<b>Attorney Docket No.</b>		BIZ-045CPCN		

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input type="checkbox"/> Firm or Individual Name	Elizabeth A. Hanley LAHIVE & COCKFIELD, LLP				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

<b>Signature</b>	<b>Date</b>
<i>Mark Chaleis</i>	9/8/05
<b>Name</b>	<b>Telephone</b>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

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PTO/SB/98 (09-04)  
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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Kun Ping LU et al.Application No./Patent No.: 10/683880Filed/Issue Date: October 9, 2003Entitled: PIN1 AS A MARKER FOR ABNORMAL CELL GROWTHBeth Israel Deaconess Medical Center, a

(Name of Assignee)

corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Mark Chalek  
Signature9/8/05  
DateMARK CHALEK  
Printed or Typed Name617-667-4196  
Telephone NumberDIRECTOR, TECHNOLOGY VENTURES OFFICE  
Title

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